

# Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 08/22/2008

Address: PVT. RD. 690 N.

Case #: 43F26235

E. OF C.R. 500 E.

County: JENNINGS

(LAB IN VEHICLE)

## Type of Laboratory Seizure (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## Seizure Location (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☒ Vehicle  
☐ Hotel/Motel  
☐ Open - No Structure  
☐ Other: \_\_\_\_\_

## Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): IN VEHICLE  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: IN VEHICLE  
☒ Water Reactive Metal (Lithium): IN VEHICLE  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): IN VEHICLE  
☒ Corrosive Acid: IN VEHICLE  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

## This report is to be faxed to the following agencies that serve the location:

Fire Department: CAMPBELL TOWNSHIP

Fax: 812-458-6953

Health Department: JENNINGS CO.

Fax: 812-352-3030

Child Protection Service: N/A

Fax: N/A

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: TRP. MARTIN A. MEAD Phone 812-522-1441

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.